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Health Services

MEDICAL SUPPORT



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1. Medical support is necessary to sustain Air Force medical care around the world. By efficiently applying medical support, the Air Force can offer medical care at a reasonable cost while improving quality and access. This directive establishes policies for the main functions of medical support: patient administration, information services, medical logistics, and physical facility management and technical services.

2. The Air Force will:

- 2.1. Develop procedures for inpatient and outpatient services, including establishing and maintaining an accurate, well-documented health record for every patient.
- 2.2. Develop information systems that help healthcare managers obtain information needed to manage medical operations.
- 2.3. Provide responsive, economical, and efficient medical logistics support, which ensures the availability of peacetime and war reserve materiel.
- 2.4. Provide technology and management to make sure the physical facility operates safely and efficiently in delivering quality health care.

3. This directive establishes the following responsibilities and authorities:

- 3.1. The Assistant Secretary of the Air Force for Manpower, Reserve Affairs, Installations and Environment (SAF/MI) is responsible for medical support policy matters as described in Air Force Policy Directive 90-1, *Strategic Planning and Policy Formulation*, paragraph 1.5.2. SAF/MI approval is required before this document is changed, reissued, or rescinded.
- 3.2. The Surgeon General of the Air Force (HQ USAF/SG) develops, coordinates, and executes medical policy and essential procedural guidance to manage the Air Force Medical Service.
- 3.3. The Director of Medical Support (HQ USAF/SGA) develops policy, establishes resource requirements, and provides oversight for medical logistics, information systems, patient administration, and health facilities in the Air Force Medical Service.

3.4. Major command (MAJCOM) administrators interpret and enforce this policy; they also guide administrators of the medical treatment facilities (MTF) in carrying it out.

3.5. MTF administrators support Directors of Base Medical Services by managing daily operation of administrative activities.

4. War Reserve Materiel (WRM) is materiel which must be on hand at the time a conflict begins. WRM, when added to peacetime operating stocks and mobility resources, must be capable of sustaining combat consumption rates until resupply pipelines can become operative.

5. See Attachment 1 for measures of compliance with this policy.

6. See Attachment 2 for a listing of interfacing documents.

7. See Attachment 3 for a listing of the Department of Defense (DoD) directives and instructions this directive implements.

ALEXANDER M. SLOAN, Lt General, USAF, MC
Surgeon General

Attachment 1

MEASURING COMPLIANCE WITH POLICY

A1.1. The Air Force Medical Support Agency will measure compliance by tracking the timely completion of inpatient records for patient administration, the WRM availability for medical logistics, and the number of MTFs that do not comply with national life safety codes for facility management.

A1.2. The Patient Administration Division will assess monthly the policy to maintain a medical record on all patients evaluated or treated in Air Force MTFs. We can do so by determining the percentage of patients whose medical records are completed within 30 calendar days--the standard required by the Joint Commission on the Accreditation of Healthcare Organizations. To obtain this measure, we will compare the coded and approved records to the number of monthly discharges reported on the HQ USAF/SG subset, RCS: DD-HA(AR)1453, *The Department of Defense's Standard Inpatient Data Record*. The goal is an upward trend toward 100 percent.

A1.3. To measure compliance with policy for medical logistics support, each base will use the MEDLOG system to report the availability of WRM through the MAJCOM to the Air Force Medical Logistics Office. The Air Force Medical Logistics Office will extract totals from RCS: HAF-SG(SA)7131, *The WRM Medical Stock Status Report*, and chart them twice each year. The goal is an upward trend toward 100 percent availability.

A1.4. To measure compliance with the policy for safe medical facilities, the Health Facilities Division will determine annually the number of inpatient MTFs that do not comply with the National Fire Protection Association's Life Safety Code 101. This information is available through RCS: HAF-SG(A)9345, *Medical Facility Life Safety Code Compliance Summary*. The goal is a downward trend toward zero.

Figure A1.1. Sample Metric of Inpatient Record Completion Rate.

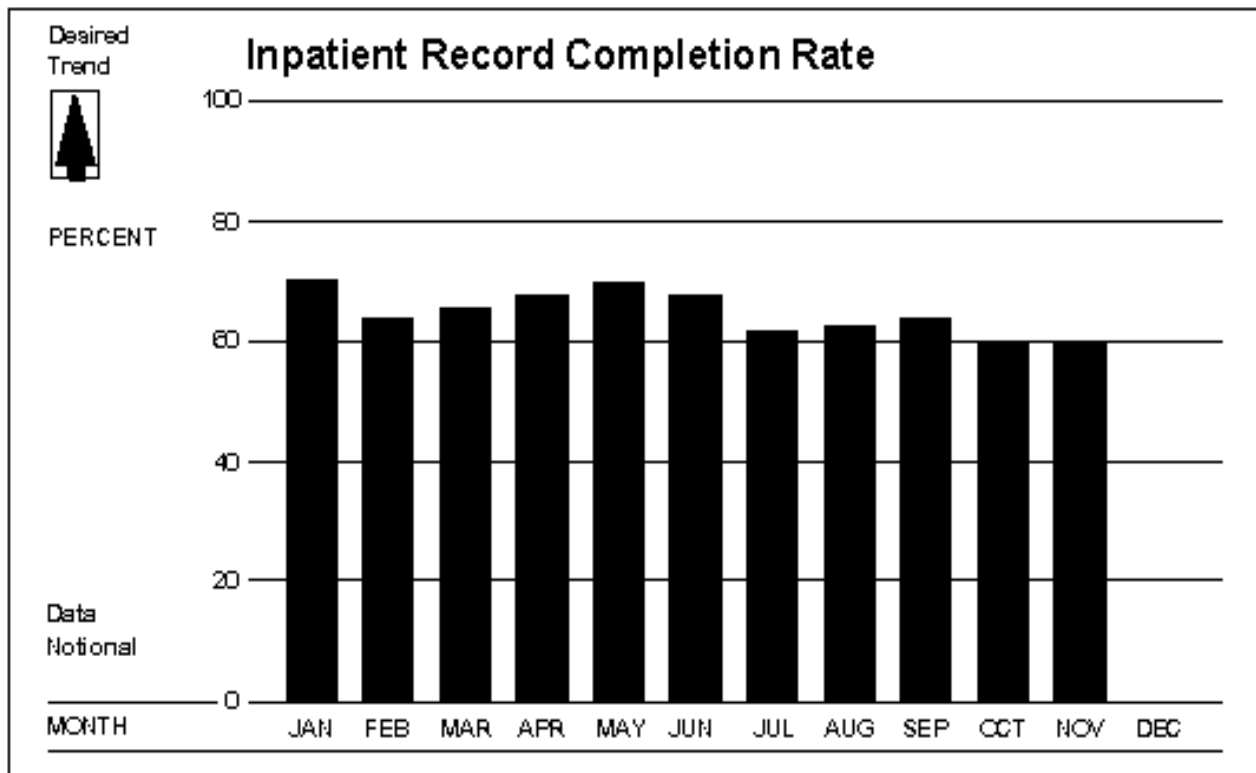


Figure A1.2. Sample Metric of Medical Readiness Materiel Availability.

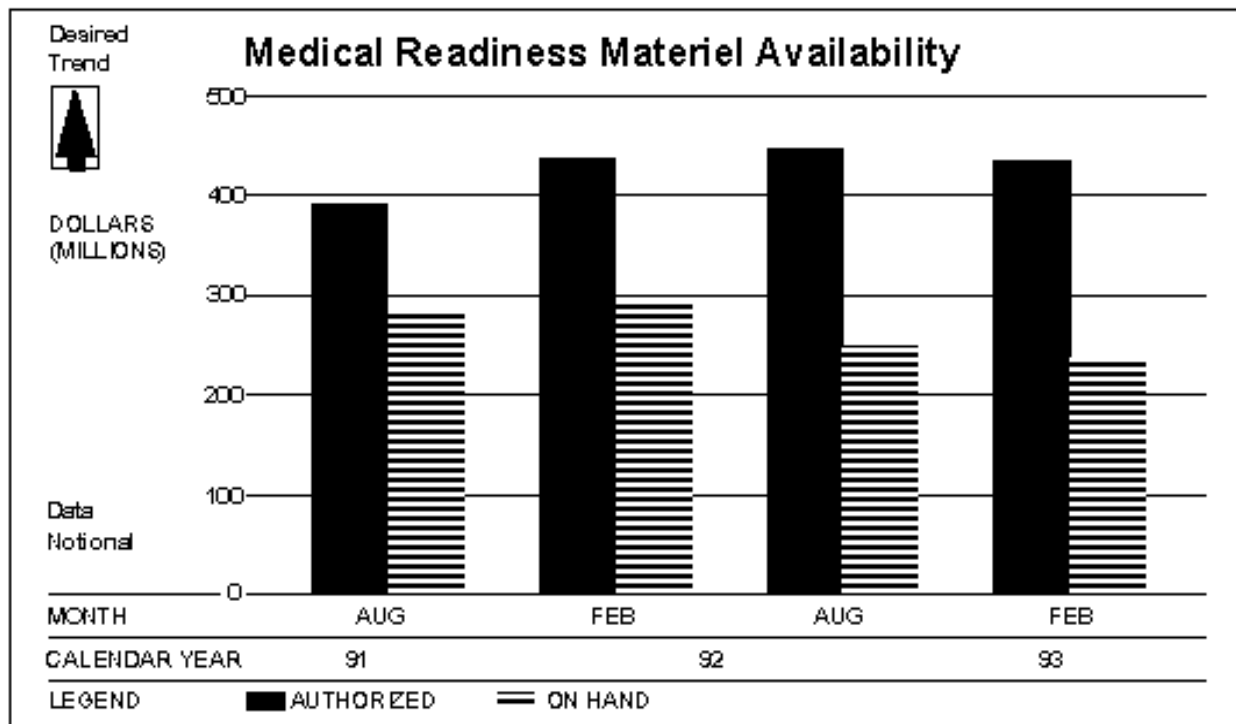
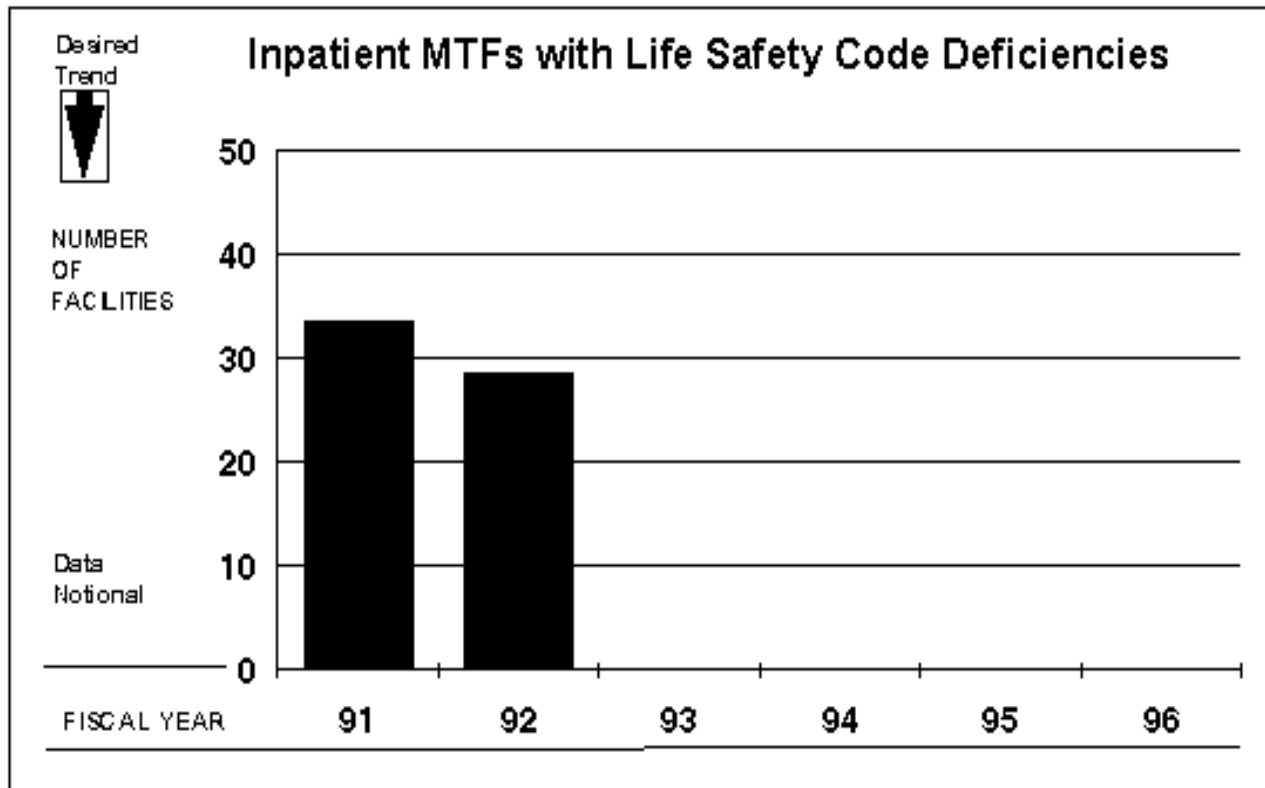


Figure A1.3. Sample Metric of Inpatient MTFs With Life Safety Code Deficiencies.



Attachment 2
INTERFACING DOCUMENTS

References

AFPD 40-1, *Health Promotion*

AFPD 40-2, *Control of Radioactive*

AFPD 40-3, *Family Advocacy Program*

AFPD 40-4, *Clinical Investigation*

AFPD 41-1, *Medical Programs and Resources*

AFPD 44-1, *Medical Operations*

AFPD 46-1, *Nursing Services*

AFPD 47-1, *Dental Services*

AFPD 48-1, *Aerospace Medicine*

AFM 67-1, Volume V, *Air Force Medical Materiel Management System--General*

AFM 167-230, *Medical Logistics System (MEDLOG) Users Manual*

AFI 41-201, *Clinical Engineering Services*(formerly AFR 167-7)

AFI 41-202, *Introduction, Requirements Determination, and Publication of New-Type Classified Medical Items Into the Department of Defense (Joint Departmental Publication [JDP])*(formerly AFR 67-13)

AFI 41-203, *Electrical Safety in Medical Treatment Facilities* (formerly AFR 160-3)

AFI 41-204, *Joint Field Operating Agencies of the Surgeon General of the Army (JDP)* (formerly AFR 160-29)

AFI 41-205, *Property Management During Patient Evacuation (JDP)* (formerly AFR 167-5)

AFI 41-206, *Review Procedures for High Cost Medical Equipment (JDP)* (formerly AFR 167-13)

AFI 41-207, *Procedures Related to Fixed Medical Treatment Facilities and Patient Accountability* (formerly AFR 168-12)

AFI 41-208, *Preparation of Medical Material Requiring Freeze and Chill Environment for Shipment (JDP)* (formerly AFR 167-9)

AFI 41-209, *Medical Materiel Support Services* (formerly AFR 167-6)

AFI 41-210, *Instructions for Patient Administrative Functions* (formerly AFR 168-4, Chapters 6 and 12)

AFI 41-211, *Medical Information System Management Program* (formerly AFR 168-4, Chapter 14)

AFI 41-212, *Personnel and Administrative Services* (formerly AFR 168-4, Chapter 3)

Attachment 3

DIRECTIVES IMPLEMENTED

References

Title 10, United States Code, Section 8013, *Secretary of the Air Force*, 1982

DoD Directives:

1000.3, *Safety and Occupational Health Policy for the Department of Defense*, March 29, 1979, With Change 1

3005.5, *Criteria for Selection of Items for War Reserve*, December 4, 1974

3025.1, *Military Support to Civil Authorities (MSCA)*, January 15, 1993

3025.12, *Employment of Military Resources in the Event of Civil Disturbances*, August 19, 1971

3030.1, *Office of Economic Adjustment*, November 29, 1978

3210.2, *Research Grants and Title to Equipment Purchased Under Grants*, April 22, 1977, With Change 1

4140.1, *Materiel Management Policy*, January 4, 1993

4140.2 *Management of War Reserves (P&L)*, December 4, 1974

4165.60, *Solid Waste Management--Collection, Disposal, Resource Recovery and Recycling Program (P&L)*, October 4, 1976

4205.1, *DoD Small Business and Small Disadvantaged Business Utilization Programs (SADBU)(USDA)*, June 21, 1984

4270.34, *Host Nation-Funded Construction Programs (P&L)*, October 19, 1982

6010.14, *Inpatient Medical Care for Foreign Military Personnel (HA)*, January 4, 1993

6015.16, *Department of Defense Policies for Planning and Fixed Military Health Facilities (HA)*, April 15, 1986

6040.2, *Release of Information From Medical Records (HA)*, September 13, 1967

6040.34, *Birth Registration Outside the United States (HA)*, February 12, 1985

6050.9, *Chlorofluorocarbons (CFCS) and Halons*, February 3, 1989

6055.10, *Receipt and Administration of Bulk Liquid Oxygen for Medical Use (HA)*, July 26, 1989

6430.2, *DoD Medical Standardization Board*, June 21, 1984

7420.13, *Stock Fund Operations*, January 27, 1983

DoD Instructions:

3030.2, *Community Planning and Impact Assistance*, May 24, 1983

4000.19, *Interservice, Interdepartmental, and Interagency: Support (P&L)*, April 15, 1992

4165.56, *Relocatable Buildings (P&L)*, April 13, 1988

5010.36, *Productivity Enhancing Capital Investment (PECI)*, August 14, 1991

6000.9, *Department of Defense Health Services System Information Resource Management Program (HA)*, October 3, 1986

6010.6, *Notification Procedures When Canadian Forces Personnel Are Hospitalized in US Military Medical Treatment Facilities (HA)*, April 29, 1958

6015.13, *Logistical Responsibility in Construction and Equipping Medical and Dental Facilities (HA)*, September 16, 1957

6015.17, *Planning and Acquisition of Military Health Facilities (HA)*, March 17, 1983

6025.5, *Personal Services Contracting Authority for Direct Health Care Providers (HA)*, February 27, 1985

6025.9, *Patients' Bill of Rights and Responsibilities (HA)*, August 20, 1987

6040.33, *Medical Diagnoses and Surgical Operations Nomenclature and Statistical Classification (HA)*, May 12, 1986

6040.35, *Standardization of Medical and Dental Forms (HA)*, August 10, 1967

6040.39, *Reporting of Inpatient Data (HA)*, April 6, 1988

6050.5, *DoD Hazard Communication Program*, October 29, 1990

6055.6, *Department of Defense Fire Protection Program (P&L)*, August 1, 1988

7200.10, *Guidance for Accounting and Reporting of Government Property Lost, Damaged, or Destroyed*, May 16, 1977